

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000040983 (7)**

1. Corporation Name
ENTERPRISES ACJ, INC.



Principal Place of Business: **755 NW 129TH ST MIAMI FL 33168**
Mailing Address: **755 NW 129TH ST MIAMI FL 33168**

2. Principal Place of Business: **21 1537 NW 62 ST**
22 City & State: **23 Miami FLORIDA**
24 Zip: **33147** 25 Country: **USA**
2a. Mailing Address: **26 1537 NW 62 ST**
27 City & State: **28 Miami FLORIDA**
29 Zip: **33147** 30 Country: **USA**

3. Date for which Report Qualified: **06/10/1993** 3a. Date of Last Report: **03/09/1995**
4. FEI Number: **65-0416958**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**MCDOWELL, CLEVELAND
755 NW 129TH ST
MIAMI FL 33168**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0306, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, CLEVELAND	1.2 NAME	
STREET ADDRESS	755 NW 129TH ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33168	1.4 CITY-STATE-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JEFFREY	2.2 NAME	
STREET ADDRESS	755 NW 129TH ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33168	2.4 CITY-STATE-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, ALEX	3.2 NAME	
STREET ADDRESS	755 NW 129TH ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33168	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cleveland McDowell* 3-23-96 305-691-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (12/95)